

## Outline for JITSUVAX Empathetic Refutational Interview Training

This module is designed to teach the “Empathetic Refutational Interview” (ERI), a tool to guide conversations with individuals who are concerned about vaccination.

### Module aims and objectives

To improve confidence and competence in approaching vaccine conversations through building:

- knowledge about motivating factors for vaccination concerns
- communication skills tailored to addressing a range of patient concerns and the roots of these
- skills to effectively refute vaccine-related misconceptions in a sensitive way
- awareness of tools and resources to help with vaccine communications

### Specific competencies

#### (1) Knowledge

- Comprehension of the concept of attitude roots and how they relate to misinformed beliefs
- Identify a range of vaccine misconceptions that may be presented
- Knowledge of tools/resources to explore the range of attitude roots that motivate vaccine concerns
- Understand how the empathetic refutation approach can be used to refute vaccine misconceptions

#### (2) Skills

- Be able to use the empathetic refutation approach in practice to:
  - Elicit concerns
  - Actively listen to identify and acknowledge attitude roots
  - Affirm the patient with reference to their attitude root
  - Generate a refutation tailored to the attitude root

## About the ERI

The ERI is a tool to guide conversations in cases where a patient declines a vaccination they have been offered. It follows the following general steps:

1. **Elicit concerns** from the patient, inviting them to share their thoughts about vaccination. Practice **active listening** by reflecting what the patient is saying and considering the underlying reasons, or “attitude roots”, that motivate the patient’s hesitancy.

**Attitude roots** refer to deep psychological factors, such as a person’s level of trust or distrust, that shape and constrain people’s beliefs and attitudes.

In this step, we can ask **open-ended questions** to get the patient to explain in more detail why they hold this position. This signals more empathy and can also encourage the patient to reflect on the logic of their position.

2. Build empathy with how the patient is feeling by **affirming** the attitude root. It is possible to affirm an attitude root without agreeing with the specifics of the argument against vaccination. Most arguments contain a partial truth. Acknowledging this partial truth can help build receptivity and openness to further information.

3. Offer a **tailored refutation** of the misconceptions or flaws in the anti-vaccination argument. It is important to speak about the misconception from a third-party perspective (e.g., “I know there are people who have said this”). Together with the empathetic affirmation in step 2, this encourages the patient to revise the belief without threatening their attitude root.

4. Provide relevant **facts about vaccination**, such as how vaccinations work, the benefits of vaccination against the risk of disease, or the collective benefit gained through vaccine-induced herd immunity. Bear in mind the patient may wish to take more time to consider. Remember the goals of the conversation – if the patient is more receptive and the relationship is still maintained, this is a successful outcome. Remain open to discussing at a later time.

These steps are supported by an educational website, <https://jitsuvax.info>, which offers affirmations and refutations of 62 types of arguments against vaccines, classified by their attitude roots.

